

COMPLAINT NUMBER: _____ - _____ - _____

DATE RECEIVED _____

KENTUCKY OFFICE OF ALCOHOLIC BEVERAGE CONTROL
Complaint Form

Today's date _____

Your name _____

Address (street / box No.) _____

City _____ County _____ State _____ Zip _____

Description of complaint (be as specific as possible).

Use additional sheets of paper if necessary.

The above statements are true and correct to the best of my knowledge

Your signature _____ **date** _____

TO BE COMPLETED BY OFFICE OF ALCOHOLIC BEVERAGE CONTROL

Assigned to _____ Date _____

Preliminary investigation results and due date. _____

Upgraded to case ☐ yes ☐ no. If yes, list date _____ Case Number _____

Investigator's signature _____ Badge No. _____

Supervisor's Comments:

Supervisor's signature _____ Date _____